

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

48773
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No.

317

Primary Registration District No.

690

Registrar's No.

3266

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>4760</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valley Park</u>			c. CITY OR TOWN <u>Valley Park</u>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTE <u>1226 Marshall Rd. YEARS</u>			d. STREET ADDRESS (If outside, give location) <u>1226 Marshall Rd.</u>		
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>E.</u> Last <u>Meyer Sr.</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>22</u> Year <u>1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>Mar. 11, 1889</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>9</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International</u>		11. BIRTHPLACE (City and state or country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Robert Meyer</u>		
14. MOTHER'S MAIDEN NAME <u>Kunigunda Mueller</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>1st W.W.</u>		
16. SOCIAL SECURITY NO. <u>497-09-0708a</u>			17. INFORMANT Address <u>George E. Meyer Jr. 9713 Gravois</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Angina Pectoris</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7-23-57</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>			
20c. TIME OF INJURY. Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		20g. COUNTY <u></u>	
20h. STATE <u></u>		21. I attended the deceased from <u>7-27-57</u> to <u>12-22-57</u> and last saw her alive on <u>12-20-57</u> Death occurred at <u>7:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph E. Carne MD</u>		22b. ADDRESS <u>906 Olive St</u>		22c. DATE SIGNED <u>12-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Dec. 26, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, County, Mo.</u>		23e. (State) <u></u>			
24. FUNERAL DIRECTOR <u>Schumacher's 3013 Meramec St.</u>		25. DATE RECD. BY LOCAL REG. <u>12-24-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Danckert MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300-1-56

DR. CARNEY
906 OLIVE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.